

South Carolina **Department of Insurance**

ELEANOR KITZMAN
Director of Insurance

MARK SANFORD Governor

300 Arbor Lake Drive, Suite 1200
Columbia, South Carolina 29223
Mailing Address:
P.O. Box 100105, Columbia, S.C. 29202-3105

CERTIFICATION

| It is hereby certified that | is | |
|---|--|---|
| domiciled in this State and meets the minimum qua | lifications required of a risk retention | า |
| group in this State as of this date. | | |
| The minimum net worth required of th | e risk retention group in this State a | S |
| of this date is | | |
| Department of Insurance ofState | | |
| Signature of Insurance Department Official Completing the Above Information | | |
| Title | | |
| Date | | |

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